

Kentucky Department for Environmental Protection
Division of Waste Management
Underground Storage Tank Branch
300 Sower Boulevard – Frankfort KY 40601
(502) 564-5981

FOR OFFICIAL USE ONLY –
DO NOT WRITE IN THIS SPACE

DRAFT

UST Application for Laboratory Certification

Date Form Completed / /

1. Applicant Information

Agency Interest Number (AI)			
Applicant Name			
Applicant Mailing Address	Street Address:		
	City:	State:	Zip Code: -
Applicant Contact Information	Phone: () -	Alternate Phone: () -	Fax: () -
	Email:		
Legally Authorized Representative / Agent		Phone: () -	Email:

2. Laboratory Information (if different than Applicant)

Laboratory Name			
Laboratory Mailing Address	Street Address:		
	City:	State:	Zip Code: -
Laboratory Contact Information	Phone: () -	Alternate Phone: () -	Fax: () -
	Email:		
Legally Authorized Representative / Agent		Phone: () -	Email:

3. Documentation of Certification (required)

- ☐ Submit an approved scope of accreditation provided from either the American Association for Laboratory Accreditation (A2LA) or National Environmental Laboratory Accreditation Program (NELAP) accrediting authority for this applicant and the branch offices listed below (if applicable). The laboratory must be capable of using at least one (1) of the acceptable methods for each of the parameters listed in Table 7 and Table 8 in the UST Corrective Action Manual, incorporated by reference in 401 KAR 42:060.
- ☐ Provide a certificate of accreditation from either A2LA or NELAP accrediting authority. If the application includes more than one (1) branch office, evidence of accreditation for each branch office shall be included.

4. Accredited Branch Offices

Contact Name	Mailing Address			Telephone Numbers
	Street Address:			() -
	City:	State:	Zip Code: -	() -
	Street Address:			() -
	City:	State:	Zip Code: -	() -
	Street Address:			() -
	City:	State:	Zip Code: -	() -
	Street Address:			() -
	City:	State:	Zip Code: -	() -

AI _____

5. Certification☐ Check here if the person completing the form is the same as the applicant named below.

Name of Person Completing Form			
Email		Phone Number	() -
I, the undersigned, under penalty of law, certify that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals responsible for obtaining the information, I certify the submitted information is true, accurate, and complete.			
Applicant or Authorized Representative / Agent	<i>Printed</i>		Title
	<i>Signature</i>		Date / /
If you have questions on how to fill out this form please contact the cabinet at (502) 564-5981 or visit our web site at http://waste.ky.gov/ust . For copies of facility records please visit http://eec.ky.gov/pages/openrecords.aspx or email DEP.KORA@ky.gov .			